

MDR Tracking Number: M5-04-3077-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 17, 2004.

The IRO reviewed office visits, therapeutic exercises, joint mobilization, Neuromuscular re-education, myofascial release, team conference, DME (E-1399) and manual therapy from 05/27/03 through 10/06/03 that was denied based upon "V" and "U".

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The office visits coded 99213 for dates of service 05/27/03, 06/10/03, 07/09/03, 07/17/03, 08/26/03, and 10/08/03; office visits coded 99214 for dates of service 07/24/03, 08/14/03 and 09/23/03; and DME codes E1399 for date of service 07/31/03 **were** found to be medically necessary. All other remaining services **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits, hot or cold pack therapy, electrical stimulation, massage therapy, telephone conference by physician, myofascial release, manual traction, and joint mobilization.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

On July 6, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

- CPT Code 99361 for date of service 09/13/03 denied as "G". Per Rules 133.304 (c) and 134.202(a)(4) the carrier did not specify which code the denied code is global to; therefore, per Rule 134.202(c)(6) the carrier shall assign a relative value as CMS or the Commission has not established a relative value.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees outlined above as follows:

- In accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;

- In accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c);
- Plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable to dates of service 05/27/03 through 10/08/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 4th day of November, 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO decision

07/17/2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3077-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor with a specialty in rehabilitation. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured on ___ while working for _____. He fell from a tree approximately 8 feet and landed on a branch. He has underwent an extensive treatment program and has been provided with an extensive workup of diagnostic services. An IDET procedure was performed by Robert Chalifoux, DO on 6/24/02. John Payne, DO performed an unsuccessful IDET at L5/S1 on 10/21/02. Work hardening was performed in December of 2002 with the patient being released to a medium PDL. A medial branch block was performed on 1/17/03 and a rhizotomy was performed on 5/7/03. A peer review was performed on 7/17/03 by Glenn Marr, DC who opined that no further treatment was indicated.

DISPUTED SERVICES

Disputed services included the following: office visits (99213 and 99214), 97110 therapeutic exercises, 97265 joint mobilization, 97112 neuromuscular re-education, 97250 myofascial release, 99361 team conference, E1399 DME, 97140 manual therapy as denied by carrier with "v" codes from 5/27/03 through 10/10/03.

DECISION

The reviewer disagrees with the previous adverse determination regarding the following services: 99213- (5/27/03, 6/10/03, 7/9/03, 7/17/03, 8/26/03, 10/8/03); 99214- (7/24/03, 8/14/03, 9/23/03); E1399- (7/31/03).

The reviewer agrees with the previous adverse determination regarding all remaining services.

BASIS FOR THE DECISION

The reviewer indicates that the following guidelines were utilized in making the above-mentioned findings: ACOEM Guidelines (American College of Occupational and Environmental Medicine), Mercy Guidelines and Phase III Guidelines to the NASS. The reviewer indicates that biweekly patient visits and monthly examinations are necessary to properly evaluate and care for this patient. The reviewer notes that continued physical medicine treatments are not likely to improve the patient at a point in time that is approximately 17 to 22 months post injury. The patient had been placed at MMI by Dr. Selod in October of 2002 and was post work hardening in December of 2002. The notes of the team conferences were not adequate to determine if they were of an interdisciplinary nature and did not denote time involved in the conference.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director